

ILLINOIS TITLE XXI PROGRAM & AMENDMENT FACT SHEET

Name of Plan:	KidCare
Date Plan Submitted:	January 5, 1998
Date Plan Approved:	April 1, 1998
Effective Date of Plan:	January 5, 1998
Date Amendment # 1 Submitted:	November 10, 1998
Date Amendment # 1 Approved:	March 30, 2000
Date Amendment # 1 Effective:	August 12, 1998
Date Amendment # 2 Submitted:	June 26, 2002
Date Amendment # 2 Approved:	September 19, 2002
Date Amendment # 2 Effective:	July 1, 2002
Date Amendment #3 Submitted:	March 31, 2003
Date Amendment #3 Approved:	June 11, 2003
Date Amendment # 3 Effective:	January 1, 2003

Background

- On January 5, 1998, Illinois submitted a Title XXI Plan to provide extended benefits under the State's Medicaid Title XIX Plan. The Plan expands eligibility to children between the ages of 0 and 19 who are from families with incomes above the March 31, 1997, Medicaid eligibility standard and are at or below 133 percent of the Federal Poverty Level (FPL).

Amendments

- On November 10, 1998, the State submitted an amendment to its approved Title XXI plan to create a separate child health program. It expands health benefits to children under 19 years of age with family incomes above 133 percent and at, or below, 185 percent of the FPL.
- KidCare includes five plans, which include the Medicaid expansion and the separate child health program. Each program has varying eligibility requirements based on the Federal Poverty Level and financial responsibility:
- KidCare Assist - Children with family income at or below 133 percent of the FPL enroll and receive services through the State's Medicaid Program under Title XIX or through the Phase I expansion under Title XXI. There are no cost-sharing requirements under KidCare Assist.

- KidCare Moms and Babies - Pregnant women and their babies up to age 1 with family incomes at 200 percent of the FPL or less receive benefits with no cost-sharing requirements. This plan is under the State's Title XIX program.
- KidCare Share - This plan provides benefits for children with family income over 133 percent through 150 percent of the FPL, who are not covered by KidCare Moms and Babies. Under KidCare Share, no monthly premiums are imposed but modest copayments for prescriptions, office visits and non-emergency visits to the emergency room are required. This plan is under Title XXI.
- KidCare Premium - KidCare Premium provides benefits for children with family income above 150 percent up to 185 percent of the FPL, who are not covered by KidCare Moms and Babies. KidCare Premium imposes premiums and copayments. This plan is under Title XXI.
- KidCare Rebate - KidCare Rebate is a State-only program. This plan is available to those with family income above 133 percent up to 185 percent of the FPL whose children are insured. KidCare Rebate reimburses part of the cost for private health insurance for children.
- Illinois' submitted its second amendment on June 26, 2002, to update the IL SCHIP State plan to indicate compliance with the final SCHIP regulations and to eliminate the 3-month waiting period for KidCare Share and Premium applicants.
- On March 31, 2003, Illinois submitted its third amendment to its Title XXI State plan to add coverage for unborn children with family incomes up to and including 200 percent of the FPL and not eligible for Medicaid. Coverage is under a separate child health program and will begin at confirmation of pregnancy and continue for 12 months. Benefits will include prenatal care and associated health services for children.

Children Covered Under Program

- In FFY 2002, the State reported that 68,032 children were ever enrolled in its SCHIP program.

Administration

- The program is administered by the Illinois Department of Public Aid.

Health Care Delivery System

- Children receive health care services through fee for service and prepaid providers included in the current Medicaid Program.

Benefit Package

- Under KidCare Assist, a Medicaid benefit package is provided. Under KidCare Share and KidCare Premium, the State provides a benchmark equivalent coverage. The coverage is equivalent to the State employee health plan.

Cost Sharing

- Families with American Indian or Alaska Native children are exempt from all cost-sharing requirements.
- Unborn children are exempt from cost sharing.
- Premiums are not imposed for families at or below 150 percent of the FPL. For families between 150 percent and 185 percent (KidCare Premium) with one child, premiums are \$15 per month; with two children \$25 per month and \$30 per month for three or more children.
- A family with an income above 133 percent and below 150 percent of the FPL (KidCare Share) has a \$2 copayment for medical visits and prescriptions, and non-emergency use of the emergency room. A family with an income above 150 percent through 185 percent of the FPL (KidCare Premium) has a \$5 copayment for medical visits, a \$3 copayment for generic and \$5 copayment for brand-name prescriptions and a \$25 copayment for non-emergency use of the emergency room. There is a \$100 annual copayment maximum for all families. No copayments are charged for well-baby, well-child or immunization services, lab or radiology services, routine preventive and diagnostic dental services.
- The State has adopted the "shoe-box" approach to reimburse families who exceed the copayment limit. The State updates the medical card to reflect that they have reached the limit. Designations are made in data systems to reflect that the maximum has been met.

Coordination Between SCHIP and Medicaid

- The State uses a combination application for all KidCare programs. The simplified applications are screened for Medicaid eligibility and the presence of health insurance coverage. If the applicant is not Medicaid eligible, KidCare Share or KidCare Premium eligibility is determined. If the child has health insurance, coverage under KidCare Rebate is determined. Applications are reviewed by local offices and a central processing unit.

Crowd-Out Strategy

- The KidCare Rebate plan serves as a significant “anti-crowd out” strategy. The State will monitor the effect of KidCare on private insurers and modify the program if it appears

that, because of availability of KidCare Share and KidCare Premium, persons or employers are inappropriately dropping privately funded coverage.

Outreach

- The State utilizes various measures to encourage eligible children to enroll, utilize and stay in the program. These measures include media campaigns involving radio, print and promotional advertising; establish educational partnerships, especially with Chicago Public Schools, to assist in promoting public awareness and assist with enrollment; establish strong community outreach through employers, churches and other community-based organizations.

In addition to the above outreach efforts, the Department contracts with KidCare Application Agents statewide to perform the following functions:

- collaborate with other community groups such as schools, social services agencies and churches to promote KidCare;
- identify families with children who are likely to be eligible for KidCare;
- assist families to complete applications, including assembling required documentation; and
- submit completed applications for determination of eligibility.

The State reimburses the KidCare Agents a \$50 Technical Assistance Payment for each complete KidCare application submitted that results in enrollment in KidCare.

Financial Information

Total FFY '03 SCHIP Allotment -- \$132,153,277
FFY '03 Enhanced Federal Matching Rate --65%

FFY 2003
State Share -- \$105,500,000
Federal Share -- \$196,000,000
Total --\$301,500,000

Last Updated: CMS, CMSO, FCHPG, DSCHI, June 11, 2003